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SUBJECT: EASTERN CHAD - IDP NEEDS BEING MET

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SUMMARY

1. Most of the estimated 173,000 internally displaced people (IDPs) in eastern Chad are now receiving assistance from humanitarian organizations. USAID/OFDA's partners and other humanitarian organizations are providing services to the IDPs in the water/sanitation/hygiene (WASH), health/nutrition, shelter and protection sectors, although important gaps remain in protection and site management/IDP registration. End summary.

2. Nairobi-based USAID/OFDA Principal Regional Advisor (PRA) Jack Myer visited Chad July 2-16. While there he traveled in eastern Chad with USAID Field Officer Stan Stalla, visiting the towns of Abeche, Farchana, Adre, and Goz Beida. The objectives of his trip were to track the evolution of the humanitarian situation affecting IDPs and consider further funding options.

3. This is the second of two cables on the IDP situation, and will report on specific IDP conditions. The first cable reported on the general IDP situation, discussed some issues and provided recommendations.

MOST IDP NEEDS BEING MET

4. About 173,000 IDPs now live in sites and host villages in Dar Sila (120,000), Dar Assongha (40,000) and neighboring Departments (13,000) in eastern Chad, according to the UN. Their immediate needs are now largely being met by UN agencies and international NGOs in almost all sites. In the last few months new NGOs have arrived in Chad, including Mentor, World Concern, Islamic Relief, Save the Children/US and Concern, and have begun filling programmatic gaps in health, site management, protection and other sectors.

5. The Red Cross family is also represented in Chad, with the

International Committee of the Red Cross (ICRC), the International Federation of the Red Cross, the Chadian Red Cross and several other national Red Crosses active in the IDP sites, implementing WASH, health, shelter and other activities.

¶16. All the major UN operational agencies are implementing programs for IDPs, including the UN High Commissioner for Refugees (UNHCR), the World Food Program (WFP), the UN Children's Fund (UNICEF), the World Health Organization (WHO), the Office for the Coordination of Humanitarian Affairs (OCHA) and the Food and Agriculture Organization (FAO).

¶17. The arrival of several new NGOs and increased donor funding have caused some strains within the humanitarian operation. Competition for scarce qualified Chadian staff, housing and other procurement has created inflation in some areas (notably Goz Beida) and tension between NGOs. Secondly, the capacity of humanitarian air transport is now stretched to the limit. Thirdly, the new NGOs sometimes arrive with erroneous assumptions and pre-determined approaches that do not make sense in the Chadian context. Finally, coordination of the increasing number of actors has challenged the limited capacity of OCHA in Chad.

¶18. The start of the annual three-month rainy season in eastern Chad further complicates relief efforts, but also stabilizes the security situation to a degree. Most observers are confident that there will be no major attacks by ethnic militia, rebels or bandits during the rainy season as movement is heavily curtailed due to flooding in the wadis that criss-cross the region. IDPs will probably stay where they are, although many have temporarily sent family members back to their original lands to plant the cereal crop.

¶19. Rains also hinder truck traffic to the extent that WFP has had to stockpile three months worth of food for the refugees in the camps, and just completed a food distribution to the IDPs that should see them through the end of the rains in September. Even four-wheel drive vehicle traffic is impossible on some routes,

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placing increased strain on the humanitarian air service, which also faces some flooded runways.

¶10. A good rainy season, of course, would be a boon for farmers cultivating the annual sorghum and millet crop, and would significantly enhance food security in the region in general.

ASSISTANCE SECTORS

¶11. The WASH sector appears to be relatively well covered. In Dar Sila, Oxfam and Medecins sans Frontieres (MSF - present in several national branches) have put in boreholes, shallow wells and other water infrastructure for most IDP sites, while in Dar Assongha, MSF, the ICRC and others have done similar work in the sites and areas where IDPs are. UNICEF estimates that the average availability of potable water in the sites is between five and ten liters/person/day.

¶12. A large scale latrine building program is beginning to provide good coverage in most sites, but Dogdore in Dar Sila remains a concern, due to problems with the soil. There is concern that the rains will raise the risk of water-borne diseases, especially in areas where people continue to rely on surface water for household purposes. Most IDPs have received jerry cans and receive basic hygiene messages from health workers.

¶13. The health/nutrition sector has also received substantial attention from the humanitarian community. The sector/cluster is being well-coordinated and activities supported by WHO and UNICEF, according to the NGOs, and no major gaps were noted. In Dar Sila MSF and COOPI are providing most health services, with Action against Hunger (ACF) and MSF working on malnutrition. USAID-partner the International Medical Corps (IMC) is also providing some services via mobile clinics to IDPs and local people in Dar Sila. In Dar Assongha, MSF, the ICRC, and Premier Urgence are implementing health activities. Aid organizations were able to stockpile

medicine and health supplies for the rainy season and are comfortable with stock levels.

¶14. Recent media and other reports have highlighted the malnutrition situation, especially in the Dar Sila sites. A survey by MSF in June found global acute malnutrition (GAM) rates of 20 percent in some sites, well above the standard emergency threshold of 15 percent. The NGO COOPI, long present in the Goz Beida area, disagreed with these figures and a public spat ensued. UNICEF and WHO have undertaken efforts both to resolve the NGOs' differences, and independently survey the situation, and believe that the MSF figures are accurate. Agencies are now working on the assumption that the 20 percent figure is correct.

¶15. The NGOs, with material and technical support from WHO and UNICEF are responding, and are beginning to look at the root causes, which may be linked to inadequate clean water supply, eating habits and lack of adequate nourishment. WFP IDP rations at present are about 1800 kilocalories (KC) per person per day, below the minimum requirement of 2100 KC/day, and not every IDP receives food and those that do, do not always get a full ration due to the lack of registration of IDPs and distribution relying on village leaders. WFP plans to increase the ration to 2100 KC/person/day and increase the amount of Corn-Soya Blend in the distribution. With NGOs set to begin site management activities, which include headcounts and registration, and the establishment by MSF and COOPI of nutritional treatment facilities, it is hoped GAM rates will go down.

¶16. Ongoing challenges in the health sector include outbreaks of Hepatitis A, B and E, diarrhea, high malnutrition and weak GOC capacity. With support from WHO and UNICEF, NGOs are addressing these problems. With the onset of the rainy season there is concern that malaria may emerge, as it usually does in this region. OFDA-partner MENTOR and others are distributing mosquito nets and making other preparations for outbreaks.

¶17. The Chadian Ministry of Health (MOH) is reported to be fairly

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weak in the region. It does manage some health centers and hospitals and provides guidance on policy matters, but has little capacity to provide services or coordinate health activities and is under-staffed. In most areas where there are refugees and/or IDPs, NGOs are essentially managing the health facilities on behalf of the MOH.

¶18. UNHCR is the sector lead for shelter and non-food items (NFI). Unfortunately, it is not able to provide a complete picture of the coverage and gaps at present. It says there are numerous new NGOs bringing in supplies, as well as non-coordinated GOC efforts, so it has lost track of the situation. However, at present, it says it is not aware of any major gaps, and promises a full report by late July. Most actors the team met agreed with this general assessment, which assumes no new displacement.

¶19. An emerging gap in eastern Chad at present, in part linked to the debate over standards of service delivery, the permanence of the sites and funding, is site management. With the increase in IDP numbers, in NGOs assisting them and in the general level of interest and activity in the sites, it is becoming urgent that a single NGO be in charge of each site. The role of the site manager NGO would be to count and register the IDP population, coordinate all activities at the site and work closely with cluster leads to ensure needs are covered and duplication avoided.

¶20. A disturbing problem cited by most contacts is in the area of protection, especially of women and children. With hurried displacement, crowded camp conditions, frustration in the camps, breakdown of social networks, the need to find firewood in the bush and the presence of marauding bandits and unpaid soldiers, the potential for child abuse and rape has increased. NGOs are beginning to address these problems, and the ICRC has been implementing protection activities in its areas of operation since the beginning of the IDP crisis. Nevertheless, more work needs to be done in this area.

COORDINATION

¶21. The UN country team is using the cluster system on a de facto basis, awaiting official word from UN New York to implement it officially. OCHA is in principle the overall coordinator for IDPs, but due to continuing major capacity problems with support, leadership, vision and staffing, is still not able to fully take on its role (although several secondments from the UK's Department for International Development - DFID - are providing vital surge capacity). UNHCR as the largest of the agencies in the east has thus far been taking on the role, but is eager to hand it over to OCHA when the latter is ready (septel will provide more detail of OCHA's weaknesses in Chad).

¶22. Humanitarian coordination of activities for the IDPs is so far a mixed bag. On the one hand, the response benefited from the presence of a relatively large scale and mature program for refugees in the region, vastly reducing startup times and costs for IDP activities by aid organizations, and the time needed to establish inter-agency contacts and coordination mechanisms. On the other hand, these same organizations are stretched with providing for the needs of the 220,000 refugees in eastern Chad, and had to struggle to increase capacity to handle the IDP caseload as it grew to the current number, as well as the needs of many vulnerable villagers. The result at first was an ad hoc and poorly coordinated response.

¶23. The use of the cluster system in eastern Chad, representing a retro-fit of formalized coordination structure, will be difficult for the same reasons it is in other countries in the region. Because its being introduced into an ongoing emergency response, habits set over the last four years will need to be changed. The roles and responsibilities for cluster leads and participants will need to be carefully explained to avoid confusion, stress and conflict. The role of the GOC will need to be clarified, communicated and supported.

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¶24. The good news in Abeche is that both UNICEF and WHO are getting positive reviews from NGOs for their leadership in the health (WHO) and nutrition, child protection and WASH (UNICEF) sectors. Both have fielded experienced emergency officers and appear to have the full support of their Ndjama offices. UNHCR is getting a handle on its coordination of shelter, and has ensured there are no major gaps, and is getting NGOs on board for site management. There do not appear to be any major complaints in the food sector, coordinated by WFP, aside from the malnutrition problems being addressed. The major problem in logistics (WFP and UNHCR) is inadequate passenger air transport capacity, and a recently ended strike by UNHCR's logistics partner GTZ which almost paralyzed operations in some camps.

CONCLUSION

¶25. With most sectors of humanitarian response for IDPs in eastern Chad covered, the challenge facing the humanitarian community will be improving standards, sustaining the effort and ensuring strong coordination of the increasingly complex program.

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